

INSTRUCTIONS FOR COMPLETING CERTIFICATE OF COMPLETION

Section A

Enter recipient name and address as shown on the Small Cities Close-out Report Cover Sheet

Section B

Enter the project number assigned on the Funding Approval.

Section C

Final Statement of Program Costs: in Section C, complete columns (a) through (d) as follows:

Column (a) Program Activities: Use line C1 through C15 to list the program activities for which the project funds were budgeted. The program activities should reflect those activities documented in the Funding Approval and/or any executed amendments thereto. **(Activity numbers should be included for each item.)**

Column (b) Program Cost Paid: For each of the program activities listed in column (a), enter the amount of State funds that have been paid. The amount recorded in column (b) should pertain to State funds only. Use line C16 to record the total of paid costs, line C17 to record program income that will be applied to paid costs, and line C18 to record the difference between lines C16 and C17.

Column (c) Program Costs Unpaid: For each of the program activities listed in column (a), enter the amount of State funds that are unpaid. The amounts recorded in column (c) should pertain to State funds only. Use line C16 to record the total of unpaid costs, line C17 to record program income that will be applied to unpaid costs, and line C18 to record the difference between lines C16 and C17.

Column (d) Total (column b & c): Use column (d) to document the total program costs (paid and unpaid) for each contract program activity. Total program cost (line C16), program income applied to the program costs (line C17), and the grant amount applied to program should agree with audited amounts, if any.

Column (e) For State Use Only

Section D

Status of Funds: Complete only column (b) of Section D.

Line D1: Same amount as Section C, column (b), line C18.

Line D2: Same amount as Section C, column (c), line C18.

Line D3: Same amount as Section C, column (d), line C18.

Line D4: Total grant award per Funding Approval.

Line D5: Unused grant amount to be cancelled, line D4 minus D3.

Line D6: Community Development Block Grant funds received to date.

Line D7: Balance of grant funds, line D3 minus D6. If line D6 exceeds D3, then line D7 should be a negative amount. If negative amount, it must be immediately returned to the State.

Section E

Certification of Recipient: Type name and title of the recipient's authorized official in the space provided. The grantee's authorized official must sign and date the document in the space provided.

Section F

Local Contribution: State the local match dollar amount pledged (as indicated on the grant application and/or grant agreement) and the **actual** local match documented.

Section G

Program Income Generated: Total program income received during the life of the project should be documented on the space provided. If program income was generated, the source and disposition should be clearly documented in essay format. If there is not program income, indicate with a zero in the appropriate space. Program income should agree with the amount documented in Section C, column (d), line C17.

Section H

Unpaid Costs: Describe in detail, dollar amounts, dates amounts are to be paid, and persons/companies owed. Same as Section C, column (c), line C18 and Section D, column (b), line D2.

Section I

Preparer's name, address, and telephone. (Self explanatory.)

Section J

Basis of Close-out: To be completed by State.

Section K

State Execution: To be completed by State.

CERTIFICATE OF COMPLETION

A. Name of Recipient:	B. Project Number:		
Address (City, State, Zip):			

C. Final Statement of Program Costs:

TO BE COMPLETED BY GRANTEE				FOR STATE USE ONLY
Program Activities (Taken from Funding Approval/ Grant Agreement) (a)	Program Costs Paid (b)	Program Costs Unpaid (c)	Total (Column b + c) (d)	Approved Costs (e)
C1 Administration				
C2 Audit				
C3				
C4				
C5				
C6				
C7				
C8				
C9 Total Program Cost (lines C1 – C8)				
C10 Less: Prgm Income applied to program costs				
C11 Equals: Grant Amt applied to program costs				

D. Status of Funds:

Description (a)	To Be completed by Grantee	FOR STATE USE ONLY
	Amount (b)	Approved Costs (c)
D1 Grant Award Applied to Program Costs (from line C11, column (b))		
D2 Unpaid Program Costs (from line C11, column (c))		
D3 Subtotal (from line C11, column (d))		
D4 Award per Funding Approval/Grant Agreement		
D5 Unused Grant to be CANCELLED (line D4 minus D3)		
D6 Grant Funds Received to Date		
D7 Balance of Grant Payable (line D3 minus D6)*		

*If line D6 exceeds line D3, enter the amount of excess on line D7 as a **negative** number. This amount shall be repaid immediately, by check, to the state.

E. Certification of Grantee:

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement in the heading above, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims identified above; that the State of Missouri is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on line D7 hereof, and that every statement and amount set forth in this document is, to the best of my knowledge, true and correct as of this date.

Date	Typed Name and Title	Signature of Authorized Official
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F. Local Contribution: Per Funding Approval/Grant Agreement \$_____

Actual Total Match \$_____

G. Program Income Generated: Amount of Program Income \$_____

(see line C17) Source of Program Income?

Disposition of Program Income?

H. Document here any unpaid costs/unsettled third-party claims noted at D2. Describe circumstances and dollar amounts involved:

I. Person who can best answer questions about this report (preparer):

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

J. Basis of Close-out (**to be completed by State**)

☐ Regular Close-out: All conditions of the grant have been met.

☐ Administrative Close-out: All conditions have been met except for the following audit(s):

(Any costs disallowed by audit(s) of these funds shall be returned to the State, if sustained by DED.)

K. State Execution:

This Certificate of Completion is hereby approved on conditions stated in J. above. Unused committed contract funds have been deobligated in the amount of \$ _____ on _____, Amendment No. _____.

Department of Economic Development
CDBG Program

By: _____

Date: _____